



VERMONT MOBILE LIBRARY LITERACY GRANTS

FILL-IN APPLICATION

Application Due Date: April 15, 2001

**Funded under
the National Leadership Grants for Libraries
Program
of the Institute of Museum and Library Services**



**Vermont Mobile Library Literacy Grants
c/o State of Vermont Department of Libraries
109 State Street
Montpelier, Vermont 05609-0601**

FACE SHEET

1. Applicant Organization

2. Applicant Organization Mailing Address

3. Name(s) and Title(s) of Authorizing Official(s)

4. Business Phone(s) of Authorizing Official(s)

5. Name and Title of Project Director

6. Business Phone of Project Director

7. Fax Number of Applicant Organization

8. E-mail Address of Project Director

9. Sponsoring institution/parent organization if applicable (e.g., school district)

☐ Check if this entity will manage funds if an award is made.

Sponsoring institution/parent organization Name and address:

10. Check box for type of library below:

☐ Municipal Public Library ☐ Incorporated Public Library

☐ Community Library

☐ School library (or school district applying on behalf of a school library or libraries)

☐ Other type of library, describe below:

FACE SHEET (Cont.)

11. Federal employer identification number: _____

12. Project Title: _____

| | | |
|-----|------------------------|----------|
| 13. | GRANT AMOUNT REQUESTED | \$ _____ |
|-----|------------------------|----------|

14. Amount of Matching Funds \$ _____

15. Amount of In-Kind support \$ _____

16. Grant Period (Starting Date) _____ to _____ (Ending Date)

17. In the space below, include names of any organizations that are official partners of the project:

Project Budget Form
SECTION 1: DETAILED BUDGET
Year 1 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

SALARIES AND WAGES (PERMANENT STAFF)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

FRINGE BENEFITS

| RATE | | SALARY BASE | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | | _____ | _____ | _____ | _____ |

CONSULTANT FEES

| NAME/TYPE CONSULTANT | COMPENSATION RATE | NO. DAYS | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|----------------------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTANT FEES | | | _____ | _____ | _____ | _____ |

**TRAVEL
FROM/TO**

| | TRAVEL EXPENSES | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------|-----------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | _____ | _____ | _____ | _____ |

Project Budget Form
SECTION 1: DETAILED BUDGET CONTINUED
Year 1 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

MATERIALS SUPPLIES AND EQUIPMENT

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL MATERIALS, SUPPLIES & EQUIPMENT

SERVICES

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL SERVICES

OTHER

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL OTHER COSTS

TOTAL DIRECT PROJECT COSTS

TOTAL INDIRECT COSTS

| | | |
|------------------------------|-----------------------------|-------|
| APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|-----------------------------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

Project Budget Form
SECTION 1: DETAILED BUDGET
Year 2 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

SALARIES AND WAGES (PERMANENT STAFF)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

FRINGE BENEFITS

| RATE | | SALARY BASE | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | | _____ | _____ | _____ | _____ |

CONSULTANT FEES

| NAME/TYPE CONSULTANT | COMPENSATION RATE | NO. DAYS | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|----------------------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTANT FEES | | | _____ | _____ | _____ | _____ |

**TRAVEL
FROM/TO**

| | TRAVEL EXPENSES | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------|-----------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | _____ | _____ | _____ | _____ |

Project Budget Form
SECTION 1: DETAILED BUDGET CONTINUED
Year 2 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

MATERIALS SUPPLIES AND EQUIPMENT

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL MATERIALS, SUPPLIES & EQUIPMENT

SERVICES

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL SERVICES

OTHER

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL OTHER COSTS

TOTAL DIRECT PROJECT COSTS

| | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-----------------------------|------------------------------|-----------------------------|-------|
| TOTAL INDIRECT COSTS | _____ | _____ | _____ |

Project Budget Form
SECTION 1: DETAILED BUDGET
Year 3 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

SALARIES AND WAGES (PERMANENT STAFF)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

SALARIES AND WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

| NAME/TITLE | NO. | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------------|--------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| _____ | () | _____ | _____ | _____ | _____ | _____ |
| TOTAL SALARIES AND WAGES | | | _____ | _____ | _____ | _____ |

FRINGE BENEFITS

| RATE | | SALARY BASE | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| _____ | % of | _____ | _____ | _____ | _____ | _____ |
| TOTAL FRINGE BENEFITS | | | _____ | _____ | _____ | _____ |

CONSULTANT FEES

| NAME/TYPE CONSULTANT | COMPENSATION RATE | NO. DAYS | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|----------------------|-------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL CONSULTANT FEES | | | _____ | _____ | _____ | _____ |

**TRAVEL
FROM/TO**

| | TRAVEL EXPENSES | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|---------------------------|-----------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| TOTAL TRAVEL COSTS | | _____ | _____ | _____ | _____ |

Project Budget Form
SECTION 1: DETAILED BUDGET CONTINUED
Year 3 — Budget Period from ____/____/____ to ____/____/____

Name of Applicant Organization: _____

MATERIALS SUPPLIES AND EQUIPMENT

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL MATERIALS, SUPPLIES & EQUIPMENT

SERVICES

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL SERVICES

OTHER

| ITEM | METHOD OF COST COMPUTATION | FUNDS REQUESTED | APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|-------|-------------------------------|--------------------|------------------------------|-----------------------------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL OTHER COSTS

TOTAL DIRECT PROJECT COSTS

TOTAL INDIRECT COSTS

| | | |
|------------------------------|-----------------------------|-------|
| APPLICANT (IF APPLICABLE) | PARTNERS (IF APPLICABLE) | TOTAL |
|------------------------------|-----------------------------|-------|

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

SCHEDULE OF COMPLETION

Insert a separate page with Schedule of Completion.

SAMPLE PARTNERSHIP STATEMENT

Insert Partnership Statement(s) (if applicable) here. This page is a sample format for a partnership application. Be sure Partnership Statement(s) include the information listed below and the appropriate signature(s).

1. Application Organization:

Other partner members (organizations):

2. Brief list of the activities that each organization has agreed to perform:

3. We, the undersigned institutions, agree to all of the following:

- We will carry out the activities described above and in the Application Narrative;
- We will use any funds received as a result of this application in accordance with applicable Federal and State laws and regulations; and
- We assure that our facilities and programs comply with applicable Federal and State requirements.

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

Signature of Authorizing Official

Partner Organization (Type or Print)

Name and Title of Authorizing Official (Type or Print)

Date

(Add additional lines or duplicate pages as necessary.)

ASSURANCES STATEMENT AND CERTIFICATION OF AUTHORIZING OFFICIAL(S)

By signing the application form, the authorizing official, on behalf of the applicant, assures and certifies that, should a grant be awarded, it will comply with the statutes outlined below and all related regulations. These assurances are given in connection with any and all financial assistance from DOL after the date this form is signed, but may include payments after this date for financial assistance approved prior to this date. These assurances shall obligate the applicant for the period during which the state financial assistance is extended. The applicant recognizes and agrees that any such assistance will be extended in reliance on the representations and agreements made in these assurances, and that the United States government has the right to seek judicial enforcement of these assurances, which are binding on the applicant, its successors, transferees, and assignees, and on the authorized official whose signature appears on the application form.

1. CERTIFICATIONS REQUIRED OF ALL APPLICANTS

| | |
|---|--|
| FINANCIAL , ADMINISTRATIVE, AND LEGAL ACCOUNTABILITY | <p>The authorizing official, on behalf of the applicant, certifies that the applicant has legal authority to apply for Federal assistance and the institutional, managerial, and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management, and completion of the project described in this application.</p> <p>The authorizing official, on behalf of the applicant, certifies that the applicant will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 (31 U.S.C. § 7501 et seq.) and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."</p> <p>The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of OMB Circular No. A-110, "Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."</p> |
| FEDERAL DEBT STATUS | <p>The authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant is not delinquent in the repayment of any federal debt.</p> |
| DISBARMENT AND SUSPENSION | <p>The authorizing official, on behalf of the applicant, certifies to the best of his or her knowledge and belief that the applicant and its principals:</p> <ul style="list-style-type: none">(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;(b) have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction, or in connection with a violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or |

**DISBARMENT AND
SUSPENSION (cont.)**

destruction of records, makings false statements, or receiving stolen property;
(c) are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
(d) have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

**NON-
DISCRIMINATION**

The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the following nondiscrimination statutes and their implementing regulations:
(a) Title VI of the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000 et seq.), which prohibits discrimination on the basis of race, color, or national origin;
(b) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.), which prohibits discrimination on the basis of disability;
(c) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-83, 1685-86), which prohibits discrimination on the basis of sex in education programs; and
(d) the Age Discrimination in Employment Act of 1975, as amended (42 U.S.C. § 6101 et seq.), which prohibits discrimination on the basis of age.

**DRUG-FREE
WORKPLACE ACT
OF 1988**

(A) The authorizing official, on behalf of the applicant, certifies that the applicant will or will continue to provide a drug-free workplace by:
(a) publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the action that will be taken against employees for violation of such prohibition;
(b) establishing an ongoing drug-free awareness program to inform employees about:
(1) the dangers of drug abuse in the workplace;
(2) the grantee's policy of maintaining a drug-free workplace;
(3) any available drug counseling, rehabilitation, and employee assistance programs; and
(4) the penalties that may be imposed on employees for drug abuse violations occurring in the workplace;
(c) making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);
(d) notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will
(1) abide by the terms of the statement; and
(2) notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace not later than five calendar days after such conviction;
(e) notifying the agency in writing within ten (10) calendar days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to

**DRUG-FREE
WORKPLACE ACT
OF 1988 (cont.)**

every grant officer on whose grant activity the convicted employee was working, unless the federal agency has designated a central point for the receipt of such notices. Notices shall include the identification number(s) of each affected grant;

(f) taking one of the following actions within thirty (30) days of receiving notice under subparagraph (d)(2) with respect to any employee who is so convicted:

(1) taking appropriate personnel action against such an employee, up to and including termination consistent with the requirements of the Rehabilitation Act of 1973, as amended (29 U.S.C. § 701 et seq.); or
(2) requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law or other appropriate agency; and

(g) making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

(B) The applicant shall either identify the site(s) for the performance of work done in connection with the project in the application material or shall keep this information on file in its office so that it is available for federal inspection. The street address, city, county, state, and zip code should be provided whenever possible.

**CERTIFICATION
REGARDING
LOBBYING
ACTIVITIES
(APPLIES TO
APPLICANTS
REQUESTING
FUNDS IN EXCESS
OF \$100,000)**

The authorizing official certifies, to the best of his or her knowledge and belief that:

(a) no federal appropriated funds have been paid or will be paid, by or on behalf of the authorizing official, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into of a cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.

(b) if any funds other than appropriated federal funds have been paid or will be paid to any person (other than a regularly employed officer or employee of the applicant) for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the authorizing official shall request, complete, and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) the authorizing official shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

**GENERAL
CERTIFICATION**

The authorizing official, on behalf of the applicant, certifies that it will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing the program.

2. CERTIFICATIONS REQUIRED OF SOME APPLICANTS

The following certifications are required if applicable to the project for which an application is being submitted. Applicants should be aware that additional federal certifications, not listed below, might apply to a particular project.

| | |
|--|--|
| SUBAGREEMENTS | <p>Applicants who plan to use awards to fund subgrants, contracts and subcontracts should be aware that they must receive the following certifications from applicants to grant programs and those who bid on contracts:</p> <p>(1) certification of compliance with the nondiscrimination statutes from institutional applicants and contractors, and</p> <p>(2) certification regarding debarment and suspension from applicants to grant programs (regardless of the amount requested) and from potential contractors and subcontractors who will receive \$100,000 or more in grant funds. Applicants are also required to include without modification the following wording in solicitations for all grant proposals and for contracts that are expected to equal or exceed \$100,000:</p> <p>(a) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.</p> <p>(b) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.</p> |
| NATIVE AMERICAN HUMAN REMAINS AND ASSOCIATED FUNERARY OBJECTS | <p>The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the provisions of the Native American Graves Protection and Repatriation Act of 1990 (25 U.S.C. § 3001 et seq.), which applies to any organization that controls or possesses Native American human remains and associated funerary objects, and which receives federal funding, even for a purpose unrelated to the Act.</p> |
| HISTORIC PROPERTIES | <p>The authorizing official, on behalf of the applicant, certifies that the applicant will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470f), Executive Order (E.O.) 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. § 469 et seq.).</p> |
| ENVIRONMENTAL PROTECTIONS | <p>The authorizing official, on behalf of the applicant, certifies that the project will comply with environmental standards, including the following:</p> <p>(a) institution of environmental quality control measures under the National Environmental Policy Act of 1969, as amended (42 U.S.C. § 4321 et seq.) and Executive Order (E.O.) 11514;</p> <p>(b) notification of violating facilities pursuant to Executive Order (E.O.) 11738;</p> <p>(c) protection of wetlands pursuant to Executive Order (E.O.) 11990, as amended by Executive Order (E.O.) 12608;</p> <p>(d) evaluation of flood hazards in floodplains in accordance with</p> |

**ENVIRONMENTAL
PROTECTIONS
(cont.)**

Executive Order (E.O.) 11988, as amended.

(e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972, as amended (16 U.S.C. § 1451 et seq.); and

(f) conformity of Federal actions to State (Clean Air) Implementation Plans under section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. § 7401 et seq.);

(g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (42 U.S.C. § 300f et seq.); and

(h) protection of endangered species under the Endangered Species Act of 1973, as amended (16 U.S.C. §§ 1531-1543).

The authorizing official, on behalf of the applicant, certifies that the project will comply with the Wild and Scenic Rivers Act of 1968, as amended (16 U.S.C. § 1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system. The authorizing official, on behalf of the applicant, certifies that the applicant will comply with the flood insurance requirements of the Flood Disaster Protection Act of 1973, as amended (42 U.S.C. § 4001 et seq.), which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

**RESEARCH ON
HUMAN AND
ANIMAL SUBJECTS**

The authorizing official, on behalf of the applicant, certifies that the project will comply with 45 C.F.R. Part 46 regarding the protection of human subjects involved in research, development and related activities supported by this award of assistance.

The authorizing official, on behalf of the applicant, certifies that the project will comply with the Laboratory Animal Welfare Act of 1966, as amended (7 U.S.C. § 2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

For further information on these certifications, contact DOL at 109 State Street, Montpelier, Vermont 05609 or call (802) 257-2810.

CERTIFICATION OF AUTHORIZING OFFICIAL(S)

The Department of Libraries is required to obtain from all applicants certifications regarding federal debt status, debarment and suspension, non-discrimination, and a drug-free workplace. Applicants requesting more than \$100,000 in grant funds must also certify regarding lobbying activities and may be required to submit a "Disclosure of Lobbying Activities" (Standard Form LLL). Some applicants will be required to certify that they will comply with other federal statutes that pertain to their particular situation. These requirements are incorporated in the Assurances Statement below. Review the Statement and sign the certification form. If you receive a grant, you must comply with these requirements.

CERTIFICATION OF AUTHORIZING OFFICIAL(S)

(The applicant organization's authorizing official(s) should sign the following certification after all other parts of the application form have been completed)

I have examined this application, and I hereby certify on behalf of the applicant organization that

- 1) the information provided is true and correct; and
- 2) all requirements for a complete application have been fulfilled; and
- 3) the applicant is providing and will comply with the applicable certifications regarding federal debt status, debarment and suspension, nondiscrimination, drug-free workplace, and lobbying activities as set forth in the Assurances statement below.

Should my organization receive a grant, the organization and I will comply with all requirements of the Department of Libraries, all statutes outlined below, and all other applicable Federal statutes and regulations.

Signature of Library or School Board Chair

Date

Name of Library or School Board Chair (printed or Typed)

Signature of Authorizing Official

Date

Name and Title of Authorizing Official (printed or Typed)

(e.g. for municipal libraries, select board chair or town manager; for school districts, superintendent, etc. or consult your organization's legal counsel for advice on appropriate authorizing official)

(Additional lines or duplicate pages as necessary.)

APPLICATION CHECKLIST

Use this checklist to help you arrange the sections of the application in the correct order. Check off items included in your application package so reviewers will know what you have included with your application.

- ☐ Face Sheet
- ☐ Abstract
- ☐ Narrative
- ☐ Project Budget
 - ☐ Detailed Budget (Years 1, 2, and 3)
 - ☐ Budget Notes
- ☐ Schedule of Completion
- ☐ Partnership Statement, if applicable
- ☐ Proof of Non-Profit Status, if applicable
- ☐ Applicant(s) Organizational Profile
- ☐ Assurances Statement/Certification of Authorizing Official(s)
- ☐ Attachments, as appropriate
 - ☐ Resumes of Key Personnel (no longer than two pages per person)
 - ☐ Report from Planning Activities (e.g., Needs Assessments, etc.)
 - ☐ Products or Evaluations from Previously Completed or Ongoing Projects of a Similar Nature
 - ☐ Other (please list) _____

- ☐ Application Checklist